

MALARIA

I. IDENTIFICATION

- A. **CLINICAL DESCRIPTION:** A parasitic infection caused by *Plasmodium vivax*, *P. ovale*, *P. malariae*, or *P. falciparum*. The disease is characterized by fever, chills, headache, and sweating. Depending upon the species, acute illness may develop into a variety of syndromes with severe complications including coma and death. Malaria may also be transmitted transplacentally. The disease may recur over a period lasting up to 50 years.
- B. **REPORTING CRITERIA:** Laboratory confirmation.
- C. **LABORATORY CRITERIA FOR CONFIRMATION:**
- Demonstration of malaria parasites in blood films.
- D. **KENTUCKY CASE DEFINITION:** Any person (symptomatic or asymptomatic) who has an episode of microscopically-confirmed malaria parasitemia that occurs in the U.S., regardless of whether the person has experienced previous episodes of malaria while outside the country.

II. ACTIONS REQUIRED / PREVENTION MEASURES

- A. **KENTUCKY DISEASE SURVEILLANCE REQUIRES ROUTINE NOTIFICATION:** REPORT TO THE LOCAL OR STATE HEALTH DEPARTMENT within 5 business days of the identification of a case or suspected case.
- B. **EPIDEMIOLOGY REPORTS REQUESTED:**
1. Kentucky Reportable Disease Form – EPID 200 (Rev. Jan/03).
 2. Malaria Case Surveillance Report - CDC 54.1 (01/2002).
- C. **PREVENTION MEASURES:**
- The parasite is transmitted by the bite of an infected female *Anopheles* mosquito. Non-immune travelers who will be exposed to mosquitoes in malarious areas should regularly use malaria suppressive drugs. Insect repellents regularly applied to the skin, as well as night spraying and bed nets are recommended.
- D. **PUBLIC HEALTH INTERVENTIONS:**
- Blood donors should be questioned about history of malaria or malaria exposure. In the U.S. blood donors who **have not** taken antimalarial drugs and remained free of symptoms may donate blood six months after return from endemic area. Persons who have been

on antimalarial prophylaxis should not donate blood for three years after cessation of chemoprophylaxis or treatment.

III. CONTACTS FOR CONSULTATION

- A. KENTUCKY DEPARTMENT FOR PUBLIC HEALTH, COMMUNICABLE DISEASE BRANCH: 502-564-3261.
- B. KENTUCKY DEPARTMENT FOR PUBLIC HEALTH, SURVEILLANCE AND HEALTH DATA BRANCH: 502-564-3418.
- C. KENTUCKY DEPARTMENT FOR PUBLIC HEALTH, DIVISION OF LABORATORY SERVICES: 502-564-4446.

IV. RELATED REFERENCES

- 1. Chin, James, ed. MALARIA. In: Control of Communicable Diseases Manual. 17th ed. Washington, DC: American Public Health Association, 2000:310-323.
- 2. Malaria Surveillance - United States, 1993. MMWR 1997; (No.SS-2): 27-47.
- 3. Pickering, LK, ed. Malaria. In: 2000 Red Book: Report of the Committee on Infectious Diseases. 25th ed. Elk Grove Village, IL: American Academy of Pediatrics, 2000: 381-385.